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SECRETARY OF STATE
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COVER LETTER

TO:

	segistration Section Division of Corporations
SUBJEC*	r: H2A Complete LLC
	Name of Limited Liability Company
The enclo	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please reti	urn all correspondence concerning this matter to the following:
	Royce M. Hefty
	Name of Person
	H2A Complete LLC
	Firm/Company
	1926 First Commercial Dr. N. Suite 109
	Address
	Southaven, Ms. 38671
	City/State and Zip Code
	· · · · ·
	tforrester@h2acomplete.com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
'	and the state of t
_	Terri M Forrester at (662) 393-4241 ext 2
	Name of Person Area Code & Daytime Telephone Number
D R P	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 Clifton Building allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed	is a check for the following amount:
V	\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy of Status & Certified Copy}

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: H2A Complete LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 26-4644486 (FEI number, if applicable) Mississippi (Jurisdiction under the law of which foreign limited liability company is organized) 4/15/09 (Duration: Year limited liability company will cease to (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1926 First Commercial Dr. N. Suite 109 Southaven, Ms. 38671 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Royce M. Hefty 1926 First Commercial Dr. N. Suite 109 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) Provide H-2A Labor 11. Nature of business or purposes to be conducted or promoted in Florida:

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Royce M. Hefty
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name of the	Limited Liability Company is:	
	H2A Complete LLC	
If unavailable, the a	alternate to be used in the state of Florida is:	
2. The name and the	e Florida street address of the registered agent and office are:	
_	Jennifer Arroyo	
	(Name)	
	705 Flagstone St	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Haines, Clty, F [, 33844	
	City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Jennifer Arrayo
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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SECRETARY OF STATE

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

H2A COMPLETE LLC

Formed April 15, 2009

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1926 FIRST COMMERCIAL DR. N. SUITE 109 SOUTHAVEN MS 38671-2010

and that the registered agent at that address is:

HEFTY, ROYCE M.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

SE LA SE LA

Given under my hand and seal of office September 4, 2009

C. Delbert Hosemann, Jr. Secretary of State

Dellet Hosemann, dr.

Certification Number: 11436608-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp